

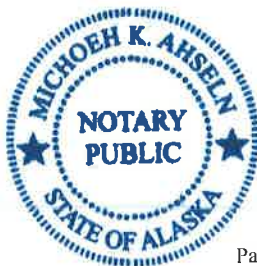
FURTHER YOUR AFFIANT SAYETH NAUGHT.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> <i>Carole Roesler</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: <i>Rosemarie Kalamarides Alaska Teamster-Employer Welfare Plan 520 E. 34th St., Ste. 107 Anchorage, AK 99503</i></p>		<p>B. Received by (Printed Name) <i>CAROLE ROESLER</i></p> <p>C. Date of Delivery <i>10-4-11</i></p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service lab)</p>		<p>7009 2820 0002 3349 4201</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

DATED and SUBMITTED this 6th day of October, 2011, at Fairbanks, Alaska.

Debi D. Osterby
Debi D. Osterby

SUBSCRIBED AND SWORN TO before me the undersigned notary public on this 6th day of October, 2011.



Michael K. Ahlsen
Notary Public in and for Alaska
My Commission Expires *July 12, 2014*

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